

Compensation of Hospital Employees

Calendar Year: 2012 Entity Name: Cascade Valley Hospital and Clinics								
(A) Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D) Non- Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 Jones, W Clark	Administrator		182,939	0	8,772	23,999	14,763	230,473
2 Sand, Michelle	Assistant Administrator		144,046	0	0	5,531	7,949	157,526
3 Logan, Heather	Assistant Administrator		128,894	0	0	8,610	7,428	144,932
4 Schmiede, Ardis	Chief Financial Officer		122,145	0	0	7,370	8,928	138,443
5 Barnett, Jolanda	Assistant Administrator		122,165	0	0	8,156	7,641	137,962
6								
7								
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health
Center for Health Statistics/Hospital and Patient Data Section
MS: 47814
Olympia, WA 98504-7814
Fax: (360) 753-4135
email: hos@doh.wa.gov